

Fill in this Information to identify the case:

Debtor 1 CONSOLIDATED ORLANDO, INC.
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Nevada

Case number: 09-22042-mkn

**RECEIVED
AND FILED**

SEP 14 2023

**U.S. BANKRUPTCY COURT
MARY A. SCHOTT, CLERK****Form NVB 1340 (12/19)****APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

| | |
|--|---|
| Amount: | \$2,062.42 |
| Claimant's Name: | Benjamin D. Tarver dba Bankruptcy Settlement Group, as Assignee |
| Claimant's Current Mailing Address, Telephone Number, and Email Address: | 2300 East Fry Blvd #1630 Sierra Vista, AZ 85636 832-781-0620 help@claimtransfers.com |

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (*e.g.*, attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation as a supplement to this application. If applicant is filing electronically, supporting documents must be filed using the correct docket event.

4. Notice to United States Attorney

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney District
of Nevada
501 Las Vegas Boulevard South, Suite 1100
Las Vegas, Nevada 89101

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 9/11/23

Signature of Applicant

Benjamin D. Tarver

Printed Name of Applicant

Address: 2300 East Fry Blvd #1630
Sierra Vista, AZ 85636

Telephone: **832-781-0620**

Email: help@corporateunclaimed.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. NotarizationSTATE OF GEORGIACOUNTY OF FULTON

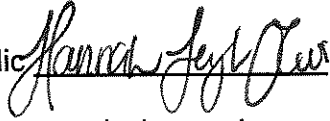
This Application for Unclaimed Funds, dated
9-11-23 was subscribed and sworn
 before me this 11 day of September, 2023 by

Benjamin D. Tarver

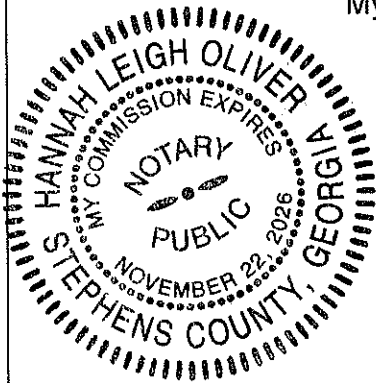
who signed above and is personally known to
 me (or proved to me on the basis of satisfactory
 evidence) to be the person whose name is
 subscribed to the within instrument. WITNESS
 my hand and official seal.

(SEAL)

Notary Public



My commission expires:

11-22-26


Please attach notarization as a
 separate document if needed.

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated
 _____ was subscribed and sworn to
 before me this _____ day of _____, 20____ by

who signed above and is personally known to me
 (or proved to me on the basis of satisfactory
 evidence) to be the person whose name is
 subscribed to the within instrument. WITNESS
 my hand and official seal.

(SEAL)

Notary Public _____

My commission expires:

Please attach notarization as a
 separate document if needed.

NOTARY PUBLIC

CONTACT INFORMATION

Hannah Oliver
MEMBERSHIP
DEVELOPMENT MANAGER

(404) 239-3350
holiver@firmospace.com

3344 Peachtree Rd NE
Suite 800
Atlanta, GA 30326